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	000570 75	590 08/09/2004	[mm 1 4 7	have its own certifica	te of mailing or transmission.	ant of format drawing, must
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05	FC:1501	1370.00 OP			Jaca	tionen	(Signature)
	FC:1504 FC:8001	300.00 OP 30.00 OP			Octobie	11 12004	(Date)
	APPLICATION NO.	FILING DATE	FIRST NAME		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
	10/660,851	09/12/2003		Junichi N	Ainamino	10407-11U6	7029
	TITLE OF INVENTION: OPTICAL DISK HAVING WOBBLE PATTERNS REPRESENTING CONTROL INFORMATION						····
	APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
	nonprovisional	NO	\$1330	1370	\$300	\$1638 6/470	11/09/2004
	EXAMINER		ART UNI	īT	CLASS-SUBCLASS		
	HINDI, I	2655		369-047300			
	CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
	(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
	Matsushita Electric Industrial Co., Ltd. Osaka, Japan						
	Please check the appropriate assignee category or categories (will not be printed on the patent);						
	4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):						
	Sissue Fee A check in the amount of the fee(s) is enclosed.						
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